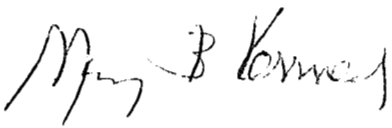
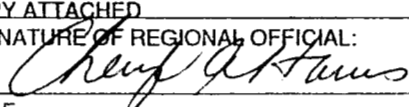


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 03-35	2. STATE: Minnesota
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.50(a)		7. FEDERAL BUDGET IMPACT: a. FFY '04 (\$601) b. FFY '05 (\$576)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 3.1-A, pp. 19-19d Att. 3.1-B, pp. 18-18d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  same	
10. SUBJECT OF AMENDMENT: Physicians' Services			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  		16. RETURN TO: Stephanie Schwartz Federal Relations Unit Minnesota Department of Human Services 444 Lafayette Road No. St. Paul, MN 55155-3852	
13. TYPED NAME: Mary B. Kennedy			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: November 20, 2003			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: 2/11/04	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Cheryl A. Harris		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

RECEIVED

NOV 25 2003

DMCH - MI/MN/VA

STATE: MINNESOTA  
Effective: October 1, 2003  
TN: 03-35  
Approved: FEB 11 2004  
Supersedes: 01-21

ATTACHMENT 3.1-A  
Page 19

---

5.a. Physicians' services:

- **Psychiatric services:** Coverage is limited to the following services. Services require prior authorization as specified in the *State Register*:

<u>Services</u>	<u>Limitations</u>
Diagnostic assessment	1 assessment of up to two hours per calendar year or up to 4 assessments per calendar year, unless the recipient meets certain medical criteria established in rule; if so, MA will pay for 1 assessment of up to 8 hours.
Psychological testing	32 units per calendar year.
Neuropsychological assessment	28 units per calendar year.
Individual psychotherapy, 20 to 30 minutes	Individual psychotherapy and one half hour units of biofeedback training combined, are covered up to 26 hours per calendar year.
Individual psychotherapy, 40 to 50 minutes	Individual psychotherapy and one hour units of biofeedback training combined, are covered up to 20 hours per calendar year.
Individual psychotherapy discretionary	Up to 6 hours per calendar year.
Family psychotherapy without patient present	Up to 20 hours per calendar year when combined with family psychotherapy.
Family psychotherapy	Up to 20 hours per calendar year when combined with family psychotherapy without patient present.


STATE: MINNESOTA  
Effective: October 1, 2003  
TN: 03-35  
Approved: FEB 11 2004  
Supersedes: 01-21

ATTACHMENT 3.1-A  
Page 19a

---

5.a. Physicians' services (continued):

<u>Services</u>	<u>Limitations</u>
Family psychotherapy discretionary	Up to 6 hours per calendar year.
Multiple family group psychotherapy	Up to 10 times per calendar year, not to exceed 2 hours per occurrence.
Group psychotherapy	Up to 78 hours per year, not to exceed 3 hours within a 5 calendar day period.
Chemotherapy management including prescription, use, and review of medication with not more than minimal medical psychotherapy - provided the medication required is antipsychotic or antidepressant provided by a physician; clinical nurse specialist with a specialty in psychiatric nursing or mental health, or registered nurse who is also a mental health professional or practitioner and is employed or under contract with the physician or provider who is providing clinical supervision.	52 clinical units per calendar year, not more than 1 unit per week.
Electroconvulsive therapy single seizure	
<del>Multiple seizures, per day</del>	
Explanation of findings	4 hours per calendar year.
Unlisted psychiatric service or procedure	

STATE: MINNESOTA  
Effective: October 1, 2003  
TN: 03-35  
Approved:   
Supersedes: 01-21

ATTACHMENT 3.1-A  
Page 19b

---

5.a. Physicians' services (continued):

<u>Services</u>	<u>Limitations</u>
Biofeedback training	One-half hour units of service are subject to the same limitations as individual psychotherapy, 20 to 30 minutes. One hour units of service are subject to the same limitations as individual psychotherapy, 40 to 50 minutes.
<ul style="list-style-type: none"><li>● <b>Sterilization procedures:</b> Physicians must comply with regulations concerning informed consent for voluntary sterilization procedures.</li><li>● <b>Laboratory services:</b> These services must be ordered by a physician or other licensed practitioner within the scope of their practice under state law. Only laboratory services provided by Medicare certified laboratories are eligible for MA payment. In addition, such services must be provided by laboratories that comply with the requirements of §353 of the Public Health Service Act (the Clinical Laboratory Improvement Amendments (CLIA) of 1988, Pub. L. 100-578). Payment to physicians is done in accordance with 42 CFR §447.10(g).</li><li>● <b>Abortion services:</b> These services are covered when the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.</li><li>● <b>Telemedicine consultation services:</b> These services must be made via two-way, interactive video or store-and-forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week.</li></ul>	

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: October 1, 2003

Page 19c

TN: 03-35

Approved: FEB 11 2004

Supersedes: 01-21

---

5.a. Physicians' services (continued):

- **Prior Certification:** Physicians must request and obtain certification prior to admitting medical assistance recipients for inpatient hospital services, except for emergencies, delivery of a newborn, inpatient dental procedures, or inpatient hospital services for which a recipient has been approved under Medicare.
- **Delivery of services:** Physician services must be provided by or under the supervision of a medical doctor or doctor of osteopathy licensed under Minnesota Statutes, §147 and within the scope of practice defined by law. Supervised physician services are provided by enrolled physician assistants and physician extenders.
- **Organ transplants:** These services are covered in accordance with the standards and statutory authority provided in Attachment 3.1-E.
- **Physical therapy, occupational therapy, and speech, language, and hearing therapy services:** Coverage of these services is limited to services within the limitations provided under items 11.a. to 11.c., Physical therapy and related services.
- **Anesthesia services:** Anesthesia services must be provided under supervision. At a minimum, physicians provide supervision. Anesthesiologists may personally perform or may medically direct (supervise) the services.
- **Physician services to pregnant women:** Physicians providing these services must be certified by the Department, through a provider agreement, as qualified to provide services to pregnant women.
- **Physician services to children under 21 years of age:** Physicians providing these services must be certified by the Department, through a provider agreement, as qualified to provide services to children under 21 years of age.

STATE: MINNESOTA  
Effective: October 1, 2003  
TN: 03-35  
Approved: FEB 11 2008  
Supersedes: 01-21

ATTACHMENT 3.1-A  
Page 19d

---

5.a. Physicians' services (continued):

- **Pediatric vaccines:** Physicians who administer certain pediatric vaccines (i.e., vaccines that are part of the Minnesota Vaccines for Children Program) within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program. The Minnesota Vaccines for Children Program is established pursuant to §1928 of the Act.

STATE: MINNESOTA  
Effective: October 1, 2003  
TN: 03-35  
Approved: FEB 11 2004  
Supersedes: 01-21

ATTACHMENT 3.1-B  
Page 18

---

5.a. Physicians' services:

- **Psychiatric services:** Coverage is limited to the following services. Services require prior authorization as specified in the State Register:

<u>Services</u>	<u>Limitations</u>
Diagnostic assessment	1 assessment of up to two hours per calendar year or up to 4 assessments per calendar year, unless the recipient meets certain medical criteria established in rule; if so, MA will pay for 1 assessment of up to 8 hours.
Psychological testing	32 units per calendar year.
Neuropsychological assessment	28 units per calendar year.
Individual psychotherapy, 20 to 30 minutes	Individual psychotherapy and one half hour units of biofeedback training combined, are covered up to 26 hours per calendar year.
Individual psychotherapy, 40 to 50 minutes	Individual psychotherapy and one hour units of biofeedback training combined, are covered up to 20 hours per calendar year.
Individual psychotherapy discretionary	Up to 6 hours per calendar year.
Family psychotherapy without patient present	Up to 20 hours per calendar year when combined with family psychotherapy.
Family psychotherapy	Up to 20 hours per calendar year when combined with family psychotherapy without patient present.

STATE: MINNESOTA  
Effective: October 1, 2003  
TN: 03-35  
Approved: FEB 11 2004  
Supersedes: 01-21

ATTACHMENT 3.1-B  
Page 18a

---

5.a. Physicians' services (continued):

<u>Services</u>	<u>Limitations</u>
Family psychotherapy discretionary	Up to 6 hours per calendar year.
Multiple family group psychotherapy	Up to 10 times per calendar year, not to exceed 2 hours per occurrence.
Group psychotherapy	Up to 78 hours per year, not to exceed 3 hours within a 5 calendar day period.
Chemotherapy management including prescription, use, and review of medication with not more than minimal medical psychotherapy - provided the medication required is antipsychotic or antidepressant provided by a physician, clinical nurse specialist with a specialty in psychiatric nursing or mental health, or registered nurse who is also a mental health professional or practitioner and is employed or under contract with the physician or provider who is providing clinical supervision.	52 clinical units per calendar year, not more than 1 unit per week.
Electroconvulsive therapy single seizure	
<del>Multiple seizures, per day</del>	
Explanation of findings	4 hours per calendar year.
Unlisted psychiatric service or procedure	



STATE: MINNESOTA  
Effective: October 1, 2003  
TN: 03-35  
Approved: 03-11  
Supersedes: 01-21

---

ATTACHMENT 3.1-B  
Page 18b

5.a. Physicians' services (continued):

<u>Services</u>	<u>Limitations</u>
Biofeedback training	One-half hour units of service are subject to the same limitations as individual psychotherapy, 20 to 30 minutes. One hour units of service are subject to the same limitations as individual psychotherapy, 40 to 50 minutes.
<ul style="list-style-type: none"><li>● <b>Sterilization procedures:</b> Physicians must comply with regulations concerning informed consent for voluntary sterilization procedures.</li><li>● <b>Laboratory services:</b> These services must be ordered by a physician or other licensed practitioner within the scope of their practice under state law. Only laboratory services provided by Medicare certified laboratories are eligible for MA payment. In addition, such services must be provided by laboratories that comply with the requirements of §353 of the Public Health Service Act (the Clinical Laboratory Improvement Amendments (CLIA) of 1988, Pub. L. 100-578). Payment to physicians is done in accordance with 42 CFR §447.10(g).</li><li>● <b>Abortion services:</b> These services are covered when the abortion is medically necessary to prevent death of a pregnant woman, and in cases where the pregnancy is the result of rape or incest. Cases of rape and incest must be reported to legal authorities unless the treating physician documents that the woman was physically or psychologically unable to report.</li><li>● <b>Telemedicine consultation services:</b> These services must be made via two-way, interactive video or store-and-forward technology. The patient record must include a written opinion from the consulting physician providing the telemedicine consultation. Coverage is limited to three consultations per recipient per calendar week.</li></ul>	

STATE: MINNESOTA  
Effective: October 1, 2003  
TN: 03-35  
Approved: FEB 11 2004  
Supersedes: 01-21

ATTACHMENT 3.1-B  
Page 18c

---

5.a. Physicians' services (continued):

- **Prior Certification:** Physicians must request and obtain certification prior to admitting medical assistance recipients for inpatient hospital services, except for emergencies, delivery of a newborn, inpatient dental procedures, or inpatient hospital services for which a recipient has been approved under Medicare.
- **Delivery of services:** Physician services must be provided by or under the supervision of a medical doctor or doctor of osteopathy licensed under Minnesota Statutes, §147 and within the scope of practice defined by law. Supervised physician services are provided by enrolled physician assistants and physician extenders.
- **Organ transplants:** These services are covered in accordance with the standards and statutory authority provided in Attachment 3.1-E.
- **Physical therapy, occupational therapy, and speech, language, and hearing therapy services:** Coverage of these services is limited to services within the limitations provided under items 11.a. to 11.c., Physical therapy and related services.
- **Anesthesia services:** Anesthesia services must be provided under supervision. At a minimum, physicians provide supervision. Anesthesiologists may personally perform or may medically direct (supervise) the services.
- **Physician services to pregnant women:** Physicians providing these services must be certified by the Department, through a provider agreement, as qualified to provide services to pregnant women.
- **Physician services to children under 21 years of age:** Physicians providing these services must be certified by the Department, through a provider agreement, as qualified to provide services to children under 21 years of age.

STATE: MINNESOTA

Effective: October 1, 2003

TN: 03-35

Approved: 7/8/11

Supersedes: 01-21

ATTACHMENT 3.1-B

Page 18d

---

5.a. Physicians' services (continued):

- **Pediatric vaccines:** Physicians who administer certain pediatric vaccines (i.e., vaccines that are part of the Minnesota Vaccines for Children Program) within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program. The Minnesota Vaccines for Children Program is established pursuant to §1928 of the Act.